

## SECTION .3200 – PEER REVIEW AGREEMENTS

### 21 NCAC 46 .3201 DEFINITIONS

The following definitions apply to this Subchapter:

- (1) "Board" means the North Carolina Board of Pharmacy.
- (2) "Committee" means the Board of Directors established to function as a supervisory and advisory body to the Program.
- (3) "Impairment" means mental illness, chemical dependency, physical illness, and aging problems.
- (4) "Program" means program established by agreements between special impaired pharmacist peer review organizations and the Board.

*History Note:* Authority G.S. 90-85.6; 90-85.41;  
Eff. April 1, 2001.

### 21 NCAC 46 .3202 PEER REVIEW AGREEMENTS

Peer review activities shall include investigation, review and evaluation of records, reports, complaints, litigation, and other information about the practices and practice patterns of pharmacists licensed by the Board and pharmacy technicians registered by the Board. Peer review activities shall also include programs for impaired pharmacists and pharmacy technicians. Peer review agreements may cover some or all of these activities, as deemed appropriate by the Board.

*History Note:* Authority G.S. 90-85.6; 90-85.41;  
Eff. April 1, 2001;  
Amended Eff. March 1, 2004.

### 21 NCAC 46 .3203 DUE PROCESS

Any action taken pursuant to a peer review agreement must afford the subject pharmacist or pharmacy technician all due process rights enumerated in the Administrative Procedure Act, G.S. 150B.

*History Note:* Authority G.S. 90-85.6; 90-85.41;  
Eff. April 1, 2001;  
Amended Eff. March 1, 2004.

### 21 NCAC 46 .3204 RECEIPT AND USE OF INFORMATION OF SUSPECTED IMPAIRMENT

- (a) Information concerning suspected impairments may be received by the Program through reports by pharmacists, pharmacy technicians, family members, and others, and through self-referral.
- (b) Upon receipt of information of a suspected impairment, the Program shall initiate an investigation.
- (c) The Program may conduct routine inquiries regarding suspected impairments.
- (d) Pharmacists or pharmacy technicians suspected of impairment may be required to submit to personal interviews before any person authorized by the Program.

*History Note:* Authority G.S. 90-85.6; 90-85.41;  
Eff. April 1, 2001;  
Amended Eff. March 1, 2004.

### 21 NCAC 46 .3205 INTERVENTION AND REFERRAL

- (a) When, following an investigation, impairment is confirmed, an intervention shall be conducted using techniques designed to assist the pharmacist or pharmacy technician in acknowledging responsibility for dealing with the impairment. The pharmacist or pharmacy technician shall be referred to a treatment source.
- (b) Methods and objectives of interventions shall be decided on a case-by case basis.

- (c) Interventions shall be arranged and conducted as soon as possible. In cases referred by the Board a representative of the Board may be present.
- (d) Treatment sources shall be evaluated before receiving case referrals from the Program.
- (e) Intervention outcomes, including treatment contracts that are elements of an intervention, shall be recorded by the Program.

*History Note:* Authority G.S. 90-85.6; 90-85.41;  
Eff. April 1, 2001;  
Amended Eff. March 1, 2004.

#### **21 NCAC 46 .3206 MONITORING TREATMENT**

A treatment source receiving referrals from the Program shall be monitored as to its ability to provide:

- (1) medical and non-medical staffing;
- (2) treatment; and
- (3) post-treatment support.

*History Note:* Authority G.S. 90-85.6; 90-85.41;  
Eff. April 1, 2001.

#### **21 NCAC 46 .3207 MONITORING REHABILITATION AND PERFORMANCE**

- (a) Monitoring requirements for each pharmacist or pharmacy technician shall be designated by the Program. Pharmacists and pharmacy technicians may be tested regularly or randomly, on Program demand.
- (b) Treatment sources may be required to submit reports regarding a pharmacist's or pharmacy technician's rehabilitation and performance to the Program.
- (c) Impaired pharmacists and pharmacy technicians may be required to submit to periodic personal interviews before any person authorized by the Program.
- (d) Case records shall be maintained by the Program.

*History Note:* Authority G.S. 90-85.6; 90-85.41;  
Eff. April 1, 2001;  
Amended Eff. March 1, 2004.

#### **21 NCAC 46 .3208 MONITORING POST-TREATMENT SUPPORT**

- (a) Post-treatment support may include family counseling, advocacy and other services and programs deemed appropriate to improve recoveries.
- (b) Treatment sources' post-treatment support shall be monitored by the Program on an ongoing basis.
- (c) The Program's post-treatment support shall be monitored by the Program on an ongoing basis.

*History Note:* Authority G.S. 90-85.6; 90-85.41;  
Eff. April 1, 2001.

#### **21 NCAC 46 .3209 REPORTS OF INDIVIDUAL CASES TO THE BOARD**

- (a) Upon investigation and review of a pharmacist licensed by the Board or pharmacy technician registered by the Board, the Program shall report immediately to the Board detailed information about any pharmacist or pharmacy technician as required under G.S. 90-85.41(d).
- (b) The Program shall submit quarterly a report to the Board on the status of all pharmacists and pharmacy technicians then involved in the Program who have been previously reported by the Board. The Program shall submit monthly to the Board a report on the status of any pharmacist or pharmacy technician previously reported to the Board then in active treatment.

*History Note:* Authority G.S. 90-85.6; 90-85.41;  
Eff. April 1, 2001;  
Amended Eff. March 1, 2004.

**21 NCAC 46 .3210 PERIODIC REPORTING OF STATISTICAL INFORMATION**

Statistical information concerning suspected impairments, impairments, self-referrals, post-treatment support and other demographic and substantive information collected through Program operations shall be included in comprehensive statistical reports compiled and annually reported to the Board by the Program.

*History Note: Authority G.S. 90-85.6; 90-85.41;  
Eff. April 1, 2001.*

**21 NCAC 46 .3211 CONFIDENTIALITY**

Any nonpublic information acquired, created, or used in good faith by the Program shall be treated according to G.S. 90-85.41.

*History Note: Authority G.S. 90-85.6; 90-85.41;  
Eff. April 1, 2001.*